Medicaid Expansion 2014

Effective January 1, 2014, Medicaid will be expanded to include individuals between the ages of 19 up to 65 with income up to 133% FPL based on Modified Adjusted Gross Income (MAGI). The expansion also moves children, pregnant women and adults with dependent children to the new MAGI methodology. Below is a broad overview of changes to be implemented under the Affordable Care Act in 2014:

WHO IS ELIGIBLE FOR MEDICAID/CHIP	
CURRENT	**JANUARY 2014**
Today there are approximately 1.2 million individuals receiving benefits under Medicaid. This includes the following groups: • Pregnant Women, Children & Families • Aged, Blind or Disabled individuals and those receiving Medicare Savings Program • All other: Breast & Cervical Cancer Treatment (BCCTP), Alien Emergency Medical (AEM), Medical Care Services and Take Charge	In addition to the current Medicaid caseload - beginning in January 2014, the "newly eligible" adult group will be added to Medicaid which includes: • Adults between the ages of 19 up to 65 previously not eligible for Medicaid • Anticipated enrollment in the first years - up to 500,000 individuals
WHERE MEDICAID ELIGIBILITY IS DETERMINED	
CURRENT	**JANUARY 2014**
Eligibility for medical benefits is currently determined by medical assistance and financial staff as follows: ADSA • Aged, Blind or Disabled and Long-Term Care • Waivered Services ESA • Children, Pregnant Women & Families • Some Long-Term Care and Aged, Blind or Disabled • Some Specialty Medical Programs – HWD and AEM HCA • BCCTP and Take Charge • Foster Care, Children's Medical and CHIP	In 2014, medical coverage will be separated in to two groups: • MAGI Methodology • Classic Medicaid MAGI Methodology Applications/renewals for pregnant women, children, families and the "newly eligible" adult group will be processed through the Exchange web portal. Eligibility will be determined through an automated data-match process. "Classic Medicaid" Eligibility for aged, blind or disabled individuals, foster care children and SSI recipients will continue to be processed as it is today.

For more information regarding Medicaid Expansion 2014 – visit www.hca.wa.gov/hcr/me

HOW MEDICAID ELIGIBILITY IS ESTABLISHED	
CURRENT	**JANUARY 2014**
Medical eligibility is determined by financial staff through a stringent income & resource verification process as follows: • Income verification for applications and renewals is required. If verification is not available, staff must pend the case for verification before finalizing the eligibility determination. • Resource limits required for all programs (except Pregnancy/Children) • Multiple income disregards based on medical program • Eligibility information is entered by financial staff and processed through ACES	MAGI households will have eligibility determined as follows: • Income and household eligibility will mirror federal tax filing rules • Income verification through automated data-match • Acceptance of "self-attestation" when income cannot be verified through automated data-match • One 5% income disregard for all programs • No resource/asset limits • Information is entered by the applicant in to the Exchange web portal for an eligibility determination In 2014, "Classic Medicaid" will have no eligibility changes.

HOW ELIGIBILITY QUALITY ASSURANCE IS MAINTAINED	
CURRENT	**JANUARY 2014**
Today income must be manually verified by financial staff prior to completion of: • Application • Renewal • Change of Circumstances Medicaid overpayments are only established when involving criminal prosecution.	HCA will manage a strong "post-Medicaid" eligibility data matching and audit process. Verification of income will only be required of households when: • "Self-attestation" is not reasonably compatible with automated data-match; or • No automated data-match is available HCA is currently under discussion with CMS on how Medicaid overpayments will be established after January 2014.